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## BIB DATA SHEET

CONFIRMATION NO. 6265

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                                | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.       |                                    |
|---|---|--------------------------------------|---|------------------------------|------------------------------------|
| 10/551,898  | 01/05/2006  | 604                                  | 4166  | 10873.1788USWO               |                                    |
| <b>RULE</b>   |   |                                      |   |                              |                                    |
| <b>APPLICANTS</b><br>Kuniharu Moriwaki, Miyoshi-shi, JAPAN;<br>Susumu Hongo, Hiroshima, JAPAN;<br>Takafumi Kiyono, Hiroshima, JAPAN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP04/03836 03/22/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-101153 04/04/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/28/2006 |   |                                      |   |                              |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /LARRY ROSS<br>WILSON/<br>Acknowledged Examiner's Signature  | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br>JAPAN | <b>SHEETS<br/>DRAWINGS</b><br>5   | <b>TOTAL<br/>CLAIMS</b><br>7 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>HAMRE, SCHUMANN, MUELLER & LARSON, P.C.<br>P.O. BOX 2902<br>MINNEAPOLIS, MN 55402-0902<br>UNITED STATES   |   |                                      |   |                              |                                    |
| <b>TITLE</b><br>Medical needle device with winged shield  |   |                                      |   |                              |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                              |                                    |